



MSFC WORK HISTORY QUESTIONNAIRE

FOR CIVIL SERVICE VOLUNTARY and/or FAA (if needed) PHYSICALS ONLY

WHEN COMPLETED, SUBJECT TO PRIVACY ACT OF 1974

When not under the control of authorized personnel, it must be, as a minimum, maintained under locked conditions.

Full Name:	UUPIC:	DOB:	Date:
Employer and Mail Code:	Work Phone:	Building Number:	
Job Title:		Supervisor/Telephone:	

☐ Office Work Only ☐ FAA Exam FAA Class 1 ☐ 2 ☐ 3 ☐

By signing below, I acknowledge that I will receive a physical assessment using the criteria for a periodic/voluntary examination and/or FAA examination only. If certifications are required later for my job based on my SHE Training Assessment, I understand that I must schedule another appointment with the Medical Center and return with the Medical Surveillance Requirement printout from my supervisor. I further understand that this second appointment could result in additional procedures being required for the added certification(s).

I have read and understand this statement. (Sign below.)

Signature _____